

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Ostrow for Congress

Full Name (Last, First, Middle Initial)

A. Anonymous Anonymous

Mailing Address no info given

City State Zip Code  
 no info given MN 00000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
no info provided

Occupation  
no info provided

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4697

Amount of Each Receipt this Period

179.00

income from cash bar

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Elam Baer

Mailing Address 60 S. 6th Street  
Suite 2535

City State Zip Code  
 Minneapolis MN 55402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Central Equity, LLC

Occupation  
CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4948

Amount of Each Receipt this Period

1000.00

individual contribution

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Karen Benson

Mailing Address 5594 Nathan Ln.  
Unit 2

City State Zip Code  
 Plymouth MN 55442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regions Hospital

Occupation  
registered nurse

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4571

Amount of Each Receipt this Period

50.00

individual contribution

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1229.00

TOTAL This Period (last page this line number only) .....